



A separate registration form must be filled out and submitted for each child

\$ _____ Amount Paid
_____ Receipt Number
_____ Staff Initials

## 2010 SUMMER CAMP PROGRAM REGISTRATION FORM

Please check one of the following Community Centers:

☐ HEMENWAY ☐ MARTIN LUTHER KING, JR. ☐ DERRICK DAVIS @ MAIDES PARK

Child's Name \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Name of Teacher \_\_\_\_\_

Your child's shirt size: ☐ ADULT SMALL ☐ ADULT MEDIUM ☐ ADULT LARGE ☐ ADULT X-LARGE ☐ ADULT 2X-LARGE

Does the child swim? \_\_\_\_ Yes \_\_\_\_ No To what extent? \_\_\_\_ Beginner \_\_\_\_ Intermediate \_\_\_\_ Advanced

Parent/Guardian Name: \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Full names and ages of other children in your family who are or will be enrolled in program:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Other than the child's parents or guardian, who is authorized to pick up the child? Only persons over the age of 18, authorized in writing by the parent/guardian may pick up a child. Please note that a photo ID is required at time of pick up.

Name: \_\_\_\_\_ Work phone \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Name: \_\_\_\_\_ Work phone \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Name: \_\_\_\_\_ Work phone \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

List any limitations to program activities: \_\_\_\_\_

Does child have or had allergies? Yes No If yes, please specify \_\_\_\_\_

Does child have or had seizures? Yes No If yes, please specify \_\_\_\_\_

Type of seizure \_\_\_\_\_ Frequency \_\_\_\_\_

List any medications presently being taken by the child that are prescribed by a physician:

Medication \_\_\_\_\_ for \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_ for \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Centers	Bi-Weekly	Weekly
Maides Park @ Derick Davis	\$50.00	\$25.00
Hemenway	Free	Free
Martin Luther King, Jr.	\$50.00	\$25.00

### Emergency Notification

Please identify persons to notify if the parent or guardian of the child cannot be contacted in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

### PLEASE READ CAREFULLY BEFORE SIGNING

I declare that the child is physically fit and has the skill level required for participating in the program activities. I further authorize medical treatment for the child, at my cost, if the need arises. In consideration of the child's participation, I hereby release and hold harmless the City, its agents, officers, employees and volunteers from and against any and all claims, demands, causes of action or other liability on account of damages arising out of the child's participation in the above programs, including but not limited to, riding in the City's vehicle. I have read and understand the above.

I further authorize the City of Wilmington and/or representatives of the news media or others authorized by the City to make photographs, films, videotapes and sound recordings of the child or conduct an interview with same, and use the photographs, films, videotapes, sound recordings and interviews in any form for their purposes. I consent that said photographs, film, videotapes, sound recordings and interviews may be copied, published, telecast or broadcast for such purposes as the City or such media and others see fit together with descriptions, copy and editorial statements.

All photographs, films, videotapes, sound recordings, interviews, including descriptions, copy and editorial comments, if any, shall be and remain the property of the City of Wilmington and/or the media company or others employed or authorized by the City. I waive any and all consideration, compensation or remuneration for the use of said photographs, films, videotapes, sound recordings and interviews, and I transfer and convey to the City or its authorized media company or others authorized by the City any rights I may have in and to same.

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Adult Signature of Parent or Legal Guardian

\_\_\_\_\_  
Adult (print name)

\_\_\_\_\_  
Emergency Phone #

\_\_\_\_\_  
Date

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#### FOR STAFF USE ONLY

\_\_\_\_ City resident      \_\_\_\_ Non-City resident

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#### Late Pick Up Record

Date \_\_\_\_\_ Time \_\_\_\_\_ Comments \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Comments \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Comments \_\_\_\_\_

# CITY OF WILMINGTON

## SUMMER CAMP PROGRAM POLICY INFORMATION SHEET

HEMENWAY 910-341-4633

MARTIN LUTHER KING 341-7866

MAIDES PARK 910-341-7867

1. **PROGRAM HOURS:** Summer Camp programs will operate at City Community Centers Monday through Friday from 7:30am - 5:30pm.  
**Center will be closed Monday, July 5<sup>th</sup>, 2010.** (Observance of 4<sup>th</sup> of July)
2. **AGES:** The programs are open to children who are currently enrolled in second through eighth grade (ages 8-14).
3. **DEPARTURE:** Once arriving at the summer camp program the child is expected to remain until 5:30pm. The following are the only exceptions:
  - Early pickup by authorized person
  - Written notice from parent/guardian requesting early departure
  - Verified telephone call from parent/guardian
4. **LATE PICK UP:** The child must be picked up no later than 5:30pm. If there are any occurrences of late pick up this may lead to dismissal of the child from the program.
5. **LUNCH & SNACKS:** Parents will be responsible for providing a bag lunch and snack for their child(ren).
6. **BEHAVIOR:** Children are expected to be on their best behavior at all times. The City has the right to suspend or dismiss any child from the program for inappropriate behavior as determined by the City.
7. **FIELD TRIPS:** The program offers field trips at various times and prices. Transportation will be provided for field trips only. All children must stay with their group. If a child refuses to comply and leaves the group more than once, he/she may not be eligible to attend future field trips.
8. **NO REFUNDS:** There will be no refunds or credits on fees collected for registration, field trips or camp shirts. Camp shirts are **MANDATORY**. (\$10.00 covers cost of tee-shirt.)
9. **CHILD ABILITY:** By enrolling the child in the program, you agree that the child is physically fit, has the skill level required to participate.
10. **TRANSPORTATION:** The City does not provide transportation for children to or from the summer camp programs (except field trips.)

**Please check one box for each question and sign where indicated.**

My child will be walking to the program on a regular basis. ☐ YES ☐ NO

My child will be walking from the program on a regular basis. ☐ YES ☐ NO

Parent/Guardian Signature: \_\_\_\_\_

11. **QUESTIONS/CONCERNS:** Please do not hesitate to contact the Community Center Supervisor if you have any questions or concerns regarding your child(ren) or the programs.

**By signing this form, I acknowledge that I have read, understand and received a copy of the above and agree to abide by these policies.**

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date

# Behavior Management Parent/Child

## Discipline and Behavior Management

*Praise and positive reinforcement are effective methods used in the behavior management of children. When children receive positive, non-threatening and understanding interactions from adults at home and in the community, they develop good self-esteem, self-discipline and problem solving abilities. Based on this belief on how children learn and develop values, City of Wilmington Community Center staff will practice behavior management techniques.*

To ensure program quality and safety of participants, certain guidelines must be established and enforced if the child steps out of these boundaries. A standard discipline procedure has been established so that all children will be treated fairly. If a child is involved in any behavior that disrupts program structure or affects the safety of participants, the following procedures will be initiated:

1. **Quiet reprimand/verbal counseling.**
2. **After repeated behavior problems, a first written incident report will be given to the parent.**
3. **Additional behavior problems will constitute a second written incident report given to parent and a 1-2 day suspension from the program.**
4. **If problems persist, a third written incident report constitutes that the participant will be asked to leave the program.**
5. **For severe offenses, such as but not limited to fighting, theft, profanity, vandalism, possession of weapons or drugs, severe verbal threats, or sexual misconduct, the participant will be dismissed from the program immediately, by-passing the first four steps of this procedure.**

**NOTE:** Parents who are late picking their child(ren) up from the program will receive three written warnings. A fourth occurrence will result in the child(ren) being dismissed from the program.

*I have read and understand the above discipline/dismissal policy and agree to abide by it.*

Printed name of PARTICIPANT(S) \_\_\_\_\_

Signature of PARTICIPANT(S) \_\_\_\_\_  
\_\_\_\_\_

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Printed name of PARENT/GUARDIAN \_\_\_\_\_

Signature of PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_